

**Application Data Sheet****Application Information**

Application number:: Not yet assigned  
Filing Date:: 12/13/04  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: TANGENTIAL FLOW FILTRATION DEVICES  
AND METHODS FOR LEUKOCYTE  
ENRICHMENT  
Attorney Docket Number:: 020093-002810US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 11  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Marnix  
Middle Name:: L.  
Family Name:: Bosch  
Name Suffix::  
City of Residence:: Medina  
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Country of Residence:: US  
Street of Mailing Address:: 7814 N.E. 14th Street  
City of Mailing Address:: Medina

State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98039

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name:: C.  
Family Name:: Harris  
Name Suffix::  
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Country of Residence:: US  
Street of Mailing Address:: 3022 184th Place S.E.  
City of Mailing Address:: Bothell  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98012

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: J.  
Family Name:: Monahan  
Name Suffix::  
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State or Province of Residence:: WA  
Country of Residence:: US  
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City of Mailing Address:: Kenmore  
State or Province of mailing address:: WA

Country of mailing address:: US  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Allen  
Middle Name::  
Family Name:: Turner  
Name Suffix::  
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State or Province of Residence:: WA  
Country of Residence:: US  
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City of Mailing Address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alton  
Middle Name:: L.  
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Country of Residence:: US  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
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Name Suffix::  
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Country of Residence:: US  
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City of Mailing Address:: Everett  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98024

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application PCT/US03/19428	National Stage of An application claiming benefit under 35 USC 119(e)(1)	PCT/US03/19428 60/390,730	06/19/03 06/19/02

### **Assignee Information**

Assignee Name:: Northwest Biotherapeutics, Inc.  
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